is normal to experience some discomfort and not to be alarmed. Nor should the patient enter the hospital thinking about "anesthetics irritate the lining of the lungs . . . also paralyze the tiny hairs of the respiratory tract." This type of information is best handled by a preoperative anesthesiologist visit after properly evaluating a patient's emotional makeup.

The point is that relatively few operations are done at university hospitals where patients give their "history to a seemingly endless stream of eager listeners" and where "it seemed like overkill as doctors poked and palpated." Moreover, although postoperative complications may develop, in my experience less than 5 percent of patients are interested in a preoperative recitation of their possible occurrence. Nor do all surgeons follow the operative regimen discussed in the book. Surely not all surgeons would agree that "five enemas and three showers" are necessary before an intestinal operation. And many surgeons, like myself, rarely use a nasogastric tube following colon operations.

A paragraph on the pros and cons of irrigating sigmoid colostomies needs clarification. Nonirrigation was popularized in Great Britain because of poor housing standards and the problems of tying up a bathroom for the hour necessary to irrigate and empty a colostomy. In our country, and now in Sweden, the advantages of irrigation, over nonirrigation and an external appliance, are well recognized.

Notwithstanding these criticisms of the two chapters preparing the patient for operation, *The Ostomy Book* is an excellent reference source for physicians, nurses, enterostomal therapists and ostomates. I would recommend this book to the latter group, however, only upon recovery from their operation. With this reservation, I salute the authors for bringing us a much-needed book that could potentially benefit hundred of thousands of patients throughout the world.

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ESSENTIALS OF CLINICAL ELECTRIC RESPONSE AUDIOMETRY —W. P. R. Gibson, MD, FRCS, Consultant ENT Surgeon, The National Hospitals for Nervous Diseases, London; Foreword by R. J. Ruben, MD, Professor and Chairman, Albert Einstein College of Medicine of Yeshiva University, New York. Churchill Livingstone—Medical Division of Longman Inc., 19 West 44th St., New York City (10036), 1978. 232 pages, $26.00.

Dr. Gibson states in the preface of his book that its purpose is to provide a practical introduction to electric response audiometry (ERA) for otologists, audiologists and other groups who might use ERA as part of their clinical service; that is, he has written it primarily for clinicians. In my opinion, he has succeeded in accomplishing his goal. He has written the book in a clear, easy-to-read style and has organized it in a good, logical manner. The result is a book which is comprehensive but not exhaustive with unnecessary details.

Chapter 1 provides an overview of the history and development of ERA. It gives the reader not only a temporal record of the discoveries and investigations from which ERA evolved as a clinical tool, but also establishes the perspective that ERA is the result of multidiscipline interactions. The chapter also serves to introduce and define briefly the various electric responses which are elicited and recorded from man in response to acoustic stimulation.

Chapter 2 describes all the apparatus necessary for ERA. It is organized into five sections: the test environment, the stimulation apparatus, the response-recording apparatus, the apparatus necessary for calibration of the stimulation and recording equipment, and the methods for data storage. Although all the individual components are identified, and their function in ERA described, the information provided is too superficial in some instances; and in most cases it probably would not suffice to guide clinicians who are faced with the task of selecting and purchasing all the instrumentation for ERA. Unlike the other chapters, references for additional, more-detailed information are not cited in this chapter, thus perhaps making it the weakest chapter in the book.

The remaining six chapers describe the six major kinds of electric responses to acoustic stimulation which can be recorded from patients. In their order of presentation, these types of responses are (1) the late cortical response (or vertex potential), (2) the electrocochleographic responses (or cochlear microphonic, summating potential and nerve action potential), (3) the brainstem responses (or very early responses), (4) the myogenic (sonomotor) responses, (5) the contingent negative variation (CNV) response and (6) the middle latency (early cortical) responses.

Each of the six chapters is organized in generally the same manner. First, some additional history about the responses and an explanation of terminology specific to the responses are presented. A discussion of the anatomy and physiology of those parts of the auditory sensory system which are relevant to the origin or site of lesion and diagnostic use of the responses follows; however, the reader should be aware that these discussions are not in some instances up-to-date and exhaustive in content. Next, the characteristics of the responses are described in detail for a variety of stimulaing and recording conditions. These descriptions represent an excellent compilation by the author of the results of many experimental and clinical investigations and constitute one of the strongest features of the book. Instrumentation requirements which are specific to the particular responses are presented next. Although there is some occasional redundancy between this section and Chapter 2, many pieces of information which are of practical use to clinicians are included in the section. The next section which describes the actual testing procedures when applying the responses clinically is also of good practical value to clinicians. The last section discusses the actual clinical applications of the responses and the results that are obtained for various kinds of clinical populations.

The author also includes three appendices of additional information. The first appendix is a glossary of terminology, part of which is specific to ERA and the remainder is common to acoustics or electronics. Some of the definitions are very elementary and might be of only limited value, if not confusing in some instances, to the newcomer to ERA. The second appendix provides some very practical and useful information concerning calibration of the intensity of the stimuli used in ERA. The third appendix is essentially a cookbook of instructions for operating a particular brand of ERA instrumentation, the Medelec/Amplaid Mk II system. This information will be of little or no value to most readers, and its inclusion in the book must be questioned. Certainly the space taken by this appendix could have been better used by expanding the information presented in Chapter 2 on ERA instrumentation. For example, nowhere in the book is an adequate explanation presented of the relation between sampling rate of the analog-to-digital converter and the spectrum of the electric response being sampled

and averaged. Similarly, no explanation of the relation between gain of the biological amplifier system and the input voltage range and digital resolution of the analog-to-digital converter is included in the book.

Overall, this book should be of valuable assistance to anyone who has an interest in electric response audiometry or who is already using it in a clinical situation. Although it focuses primarily on the use of ERA as a means for assessing the hearing sensitivity of a patient and the integrity of his auditory sensory system, sufficient general information about the techniques used to record sensory evoked responses is included in the book to also make it useful to those who are using such techniques and responses as a means for diagnosing and evaluating neurologic disorders.

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THE VIEW IN WINTER, Reflections on Old Age—Ronald Blythe. Harcourt, Brace and Jovanovich, 757 Third Ave., New York City (10017), 1979. 270 pages, $12.95.

As we begin the decade of the 80's, more emphasis will be placed upon our aging society, not only in America but throughout the world. Economic, political and sociologic problems, as well as the health of the aged, will gain our attention and study. Ronald Blythe, an English author, historian and teacher, examines *The View in Winter, Reflections on Old Age,* in a superbly written social history published in 1979 by Harcourt, Brace, and Jovanovich. He continues with the same style as in *Akenfield* a portrait of an English village, with the participants speaking for themselves, blending their voices in stories, a pattern that reflects their town, their lives and their times. Thirty-seven people from 70 to 92 years old talk of their lives, their hopes and their wants; most of all "they want to be wanted." They do not feel themselves loved and too many people treat them with indifference and seek no contact with them. Unable to love the old, we approach them through sentiment, duty, respect, guilt or professional detachment, and with an eye toward our own eventual decline.

The talkers are a mixture of villagers, scholars, craftsmen, priests, miners, rich and poor. The book listens to them talking. All movement in the talk is backwards to youth and childhood, none is maturity remembered, and little is in the present. The journey is coming to an end when custom and instinct says one should go on. When the old say, "I simply can't go on," they are stating their major frustration, not announcing a coming to terms with death.

The author examines the relationship between middle-aged sons and daughters confronted with a decade of geriatric care and nursing. The dread of this may be so overwhelming that it eats away at the respect and affection children have for their parents, accelerated by the degree of the parents' senility. Emotional shock and resentment occur with the reveral of roles, parents abdicating their parental role, releasing themselves only to imprison the middle-aged children with their care. Even if the parent is placed in a nursing home, the children suffer with guilt and a sense of entrapment.

There is a newness to the concept of aging. Very few people formerly lived to be 70 or 80 in spite of the bibilical three score and ten. The reason old age was venerated in the past was that it was extraordinary. Now, when the full span of life becomes the norm, people may need to learn how to be aged as they once had to learn how to be an adult. The healthy elderly person must not fall into a purposeless routine as that may well lead to a falling out of all consideration from family and society.

"What does it feel like to be nearly 100 years old?", the shepherd's widow was asked. The woman, stout and sane, answers, "Well, you wake up in the morning, and you say to yourself, 'What? Still here?' And then you make the tea." Pure English, but a delight to read and indeed to reflect upon.

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BIOLOGICAL MONITORING METHODS FOR INDUSTRIAL CHEMICALS—Randall C. Baselt, PhD, Associate Professor, Department of Pathology; Director, Toxicology and Drug Analysis Laboratory, University of California Davis Medical Center, Sacramento. Biomedical Publications, P.O. Box 495, Davis, CA (95616), 1980. 301 pages, $47.00.

Biological Monitoring Methods for Industrial Chemicals is a most welcome and useful handbook for industrial hygienists, industrial toxicologists, occupational physicians and others directly involved with work-place safety. Dr. Baselt has prepared 69 information-packed summaries of the occurrences, usages, blood concentrations, metabolism, excretion, toxicities and laboratory analyses of selected industrial chemicals. The information in each summary is so well-integrated that the reader will not only learn how a given substance is measured in a given specimen, he will also gain a sense of how to interpret the results. The more critical reader will find, at the end of each summary, several references to additional sources of information.

Dr. Baselt has described the laboratory methods in detail, providing for each assay subsections on the principles of analysis, the reagents, the instrumentation conditions, the stepwise procedures, the calculation methods, and the sensitivities and limitations. He has presented and compared alternative methods and, whenever possible, has cross-referenced assays, noting, for example, that the colorimetric method for malathion exposure also serves for other organophosphates, the gas chromatographic method for benzene also may be used for other solvents, and so forth. This practical information will help the analyst select the most versatile and reliable assays for his laboratory.

In summary, *Biological Monitoring Methods for Industrial Chemicals* is a practically oriented book that should benefit health professionals of all levels of experience. It organizes a vast amount of critical information and presents it concisely and clearly. Those who are frequently queried about industrial toxicants should keep a copy of this book near the telephone.

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QUALITY AND ACCOUNTABILITY—A New Era in American Hospitals—Stanley A. Skillicorn, MD, Director of Medical Education, San Jose Hospital, San Jose, California. Editorial Consultants, Inc., 655 Sutter Street, San Francisco (94102), 1980. 144 pages, $14.00.

In this slim volume Dr. Skillicorn describes in crisp detail the widely publicized program of quality assurance that he established at the San Jose Hospital. In the introductory chapter he gives the usual rationale for integrating the many separate ways of monitoring the quality of care, and points out that his program antedated by three